

Tufts Health Unify Behavioral Health Prior Authorization (PA) and Notification Grid

In-network providers must fax **857.304.6304** or call **855.393.3154** for prior authorization, notification, or medical necessity review for behavioral health (BH) services as outlined in the chart below. Out-of-network providers are required to request PA before initiating services.

Definitions

Inpatient Services: 24-hour services that provide clinical intervention for acute mental health or substance abuse diagnosis.

Diversionsary Services: Mental health or substance use disorder services provided as an alternative to inpatient services, to support a Member returning to the community after a 24-hour acute placement or to provide intensive support to maintain functioning in the community. These services are provided in a 24-hour facility or a non-24-hour setting.

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Inpatient Services					
Inpatient Mental Health Services Hospital services to evaluate and treat an acute psychiatric condition	N/A	PA not required for urgent admission; ESP/admitting facility required to notify THPP	ESP/ED faxes Notification form and the BH assessment to THPP	Admitting facility contacts THPP on the first business day following admission to notify THPP of admission and request continuing stay medical necessity review	Facility calls THPP
Inpatient Substance Use Disorder Services (Level 4) Hospital services that provide detoxification regime of medically directed care and treatment	N/A	<ul style="list-style-type: none"> Notification days 1 – 14 Medical Necessity Review for days 15+ 	Admitting facility contacts THPP within 48 hours of admission. Provider may then bill up to 14 days	Facility calls THPP on last covered day to request continuing stay medical necessity review for days 15+	Facility calls THPP

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Process	Continued Authorization Process
Inpatient Services, Continued					
Observation/Holding beds Hospital services for a period of up to 24 hours in order to assess, stabilize and identify appropriate resources for Enrollees	N/A	PA not required for urgent admission; ESP and admitting facility required to notify THPP	<ul style="list-style-type: none"> Admitting facility contacts THPP ESP faxes ESP Notification Form and the BH assessment to 	Admitting facility calls THPP on the first business day following admission to notify THPP of admission and request continuing stay medical necessity review	Facility calls THPP
Administratively Necessary Day (AND) Services Day(s) of inpatient hospitalization for Enrollees who are ready for discharge, but an appropriate setting is not available	N/A	PA	N/A	Facility discusses AND payment during continuing stay medical necessity review	Facility calls THPP
24-hour Diversionary Services					
Community Crisis Stabilization Services provided as an alternative to hospitalization, providing 24-hour observation and supervision generally used as a diversionary level of care rather than a stepdown	N/A	<ul style="list-style-type: none"> Notification days 1-14 Medical Necessity Review for days 15+ 	Admitting facility contacts THPP on the first business day following admission to notify THPP of admission	Facility calls THPP to request continuing stay medical necessity review for days 15+	Facility calls THPP

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Process	Continued Authorization Process
24-hour Diversionary Services, Continued					
Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7) 24-hour medically monitored admission treatment services that provide evaluation and withdrawal management Note: Enhanced Level 3.7 services include EATS (Enhanced Acute Treatment Services) and DDART (Dual Diagnosis Acute Residential Treatment)	Acute Treatment Services (ATS) for Substance Use Admission Notification Form	<ul style="list-style-type: none"> Notification: days 1-14 Medical Necessity Review: days 15+ 	<ul style="list-style-type: none"> Admitting 3.7 facility faxes Acute Treatment Services (ATS) for Substance Use Admission Notification Form to THPP within 48 hours of admission. Provider may then bill up to 14 days If screens member, ESP faxes ESP Notification form and BH assessment to THPP 	Facility calls THPP to complete continuing stay medical necessity review for days 15+	Facility calls THPP
Clinical Support Services for Substance Use Disorders (Level 3.5) 24-hour treatment services which can be used independently or following stay at Acute Treatment Services facility	N/A	<ul style="list-style-type: none"> No Notification/PA: days 1-10 Notification: days 11-14 Medical Necessity Review: days 15+ 	Facility notifies THPP via call at day 10.	Facility calls THPP to complete the continuing stay medical necessity review for days 15+	Facility calls THPP

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
24-hour Diversionary Services, Continued					
Residential Rehabilitation Services (Level 3.1)	Rehabilitation Notification 1st Clinical Review Form	<ul style="list-style-type: none"> Notification Medical Necessity Review: days 90+ 	Facility faxes the Residential Rehabilitation Notification Form within one week of admission; Provider may then bill for up to 90 days upon timely notification	<ul style="list-style-type: none"> Facility faxes THPP for first medical necessity review Subsequent medical necessity reviews via telephone 	<ul style="list-style-type: none"> Fax 1st Clinical Review Form within one week prior to or after end date of initial authorization Within one week prior to after end date of latest authorization, facility calls THPP to complete medical necessity review via telephone
Non-24-hour Diversionary Services					
Community Support Program (CSP) an array of services delivered by a community-based, mobile multidisciplinary team	N/A	<ul style="list-style-type: none"> No PA or Notification for first 60 days or 240 units Medical Necessity review: days 61+ 	N/A	Provider calls THPP	Provider calls THPP

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Community Support Program for Chronically Homeless Individuals (CSP-CHI) and Social Innovation Financing (SIF)¹		Notification plus documentation of chronic homelessness status	Facility faxes the notification form . Note: For CSP-CHI services, facility must include documentation that the member meets the HUD definition of chronic homelessness Note: For SIF services provider must send verification that member was screened as eligible by the Massachusetts Housing and Shelter Alliance (MHSA)	This service requires notification only, not Prior Authorization.	Annually – Facility faxes the notification form . Note: For CSP-CHI services, facility must include documentation that the member meets the HUD definition of chronic homelessness. Note: For SIF services provider must send verification that member was screened as eligible by the Massachusetts Housing and Shelter Alliance (MHSA)
Partial Hospitalization (PHP) An alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week	N/A	<ul style="list-style-type: none"> • Notification required after first visit • Medical Necessity Review for subsequent visits • 	Provider calls THPP	Provider calls THPP	Provider calls THPP

¹ Social Innovation Financing (SIF) is more intensive form of CSP for chronically homeless individuals who have identified a Permanent Supportive Housing (PSH) housing opportunity.

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Non-24-hour Divisionary Services					
Psychiatric Day Treatment A program of a combination of diagnostic, treatment and rehabilitative services	N/A	<ul style="list-style-type: none"> Notification required after first visit Medical Necessity review for subsequent visits 	Provider calls THPP	Provider calls THPP	Provider calls THPP
Structured Outpatient Addition Program (SOAP) Clinically intensive, structured day and/or evening SUD services	N/A	<ul style="list-style-type: none"> Notification required after first visit Medical Necessity review for subsequent visits 	Provider calls THPP	Provider calls THPP	Provider calls THPP
Intensive Outpatient Program (IOP) A clinically-intensive service designed to improve functional status, provide stabilization in the community and divert an admission to Inpatient Service	N/A	<ul style="list-style-type: none"> Notification required after first visit Medical Necessity review for subsequent visits 	Provider calls THPP	Provider calls THPP	Provider calls THPP

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Non-24-hour Diversionary Services, Continued					
Recovery Coach A non-clinical service provided by peers who have SUD experience and are certified Recovery Coaches	THPP (Recovery Coach)	<ul style="list-style-type: none"> Notification Medical Necessity Review for days 180+ 	Facility notifies THPP by faxing the Recovery Coach Notification Form within one week of start of service; Providers may bill up to 180 days upon timely notification	<ul style="list-style-type: none"> Facility faxes THPP for first medical necessity review Subsequent medical necessity reviews completed via telephone 	<ul style="list-style-type: none"> Fax 1st Clinical Review Form within one week prior to or after the initial 180day treatment period Within one week prior to after end date of latest authorization, facility calls THPP to complete medical necessity reviews via telephone
Recovery Support Navigator Specialized care coordination services intended to engage Enrollees with SUD in accessing and continuing SUD treatment	THPP (Recovery Support Navigator)	<ul style="list-style-type: none"> Notification Medical Necessity Review for days 90+ or 360+ units 	Facility notifies THPP by faxing the Recovery Support Navigator Services Notification Form to THPP within one week of start of service; Providers may bill up to 90 days/360 units upon timely notification	Facility calls THPP	Within one week prior to or after end date of latest authorization, facility calls THPP to complete medical necessity review via telephone

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services					
Family Consultation Meeting with Enrollee's family to identify and plan for services, coordinate a treatment plan and review progress or revise the treatment plan	Note: See Performance Specifications for OP Treatment	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A
Case consultation A meeting with the treating provider, PCP and other BH professionals to identify and plans for services, coordinate a treatment plan, review progress, and revise the treatment plan	Note: See Performance Specifications for OP Treatment	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Diagnostic Evaluation An assessment of an Enrollee's level of functioning to diagnose and design a treatment plan	Note: This is an evaluation, not a level of care.	No Notification or PA when part of first 12 Outpatient Individual or Couples/Family treatment visits	N/A	If member has used 12+ visits: <ul style="list-style-type: none"> Fax BH-Level of Care Request form (Standard Form) 	If member has used 12+ visits: <ul style="list-style-type: none"> Fax BH-Level of Care Request form (Standard Form)
Dialectical Behavioral Therapy (DBT) An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies	Note: Refer to the Outpatient Treatment Level of Care Medical Necessity Guidelines .	PA required	N/A	Provider calls THPP or faxes BH-Level of Care Request form (Standard Form)	Provider calls THPP or faxes BH-Level of Care Request form (Standard Form)

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Psychiatric Consultation on an Inpatient Medical Unit Meeting between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee's mental status and consult on a behavioral health or psycho-pharmacological plan	Note: This is an evaluation, not a level of care.	None	N/A	N/A	N/A
Medication Visit An individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist	N/A	None	N/A	N/A	N/A

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Couples/Family Treatment psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session	N/A	<ul style="list-style-type: none"> No Notification, PA or Medical Necessity Review for first 12 visits of Individual or Couples/Family Treatment. Medical Necessity Review required for visits 13+ of non-substance use treatment Notification for substance use treatment visits 13+ 	<ul style="list-style-type: none"> Fax BH-Level of Care Request form (Standard Form) to THPP as notification, or Providers may bill for the first 12 visits without notification 	If member has used 12+ visits: <ul style="list-style-type: none"> Fax BH-Level of Care Request form (Standard Form) 	If member has used 12+ visits: <ul style="list-style-type: none"> Fax BH-Level of Care Request form (Standard Form)
Group Treatment psychotherapeutic or counseling techniques in the treatment of a group	N/A	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A 	N/A	N/A

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Individual Treatment psychotherapeutic or counseling techniques in the treatment of an individual	N/A	<ul style="list-style-type: none"> No Notification, PA or Medical Necessity Review for first 1visits of Individual or Couples/Family Treatment Medical Necessity Review required for visits 13+ of non-substance use treatment Notification for substance use treatment visits 13+ 	For SUD treatment visits 13+: <ul style="list-style-type: none"> Fax BH-Level of Care Request form (Standard Form) to THPP as notification 	If member has used 12+ visits: <ul style="list-style-type: none"> Fax BH-Level of Care Request form (Standard Form) 	If a member has used 12+ visits: <ul style="list-style-type: none"> Fax BH-Level of Care Request form (Standard Form)
Inpatient-Outpatient Bridge visit Consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit	N/A	None	N/A	N/A	N/A

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Collateral Contact A communication between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age	N/A Note: See Performance Specifications for Outpatient Treatment .	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A
Acupuncture Treatment The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction	N/A	<ul style="list-style-type: none"> • Notification required after first visit; • Medical Necessity Review for subsequent visits 	Provider to call THPP	Provider to call THPP	Provider to call THPP

<p>Program of Assertive Community Treatment (PACT) – a multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support. (This is a covered benefit for Tufts Health Together members)</p>		None – Providers bill for this service	N/A	N/A	N/A
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Outpatient Behavioral Health Services, Continued					
Opioid Replacement Therapy Medically monitored administration of methadone, Buprenorphine, or other U.S. Food and Drug Administration (FDA)-approved medications to opiate-addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations	N/A	None	N/A	N/A	N/A
Ambulatory Detoxification (Level II.d) Outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications	N/A	<ul style="list-style-type: none"> Notification required after first visit Medical Necessity Review for subsequent visits 	Provider to call or fax THPP	Provider to call THPP	Provider to call THPP

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Psychological Testing/Neuropsychological Testing The use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing	N/A	PA Note: Most treatment facilities have an all-inclusive per diem rate that covers any needed psychological and neuropsychological testing. Therefore, we do not reimburse individual providers for such testing done during an inpatient stay or at an acute treatment program.	N/A	Fax Psychological and Neuropsychological Assessment Supplemental form	N/A
Other Behavioral Health Services					
Electro-Convulsive Therapy (ECT) This is a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH	THPP Note: Refer to the Outpatient Electroconvulsive Therapy (ECT) Performance Specifications .	None	N/A	N/A	N/A

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Other Behavioral Health Services, Continued					
Specialing These are therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety	N/A	PA	N/A	ESP or inpatient facility calls THPP to discuss this service	Inpatient facility discusses authorization for this service during medical necessity review
Repetitive Transcranial Magnetic Stimulation (rTMS) A non-invasive form of neurostimulation in which rapidly changing magnetic fields are applied to the surface of the scalp through a copper wire coil connected to a magnetic stimulator	Refer to Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines Repetitive Transcranial Magnetic Stimulation Request Form	PA	N/A	Fax form: Repetitive Transcranial Magnetic Stimulation Request Form	Fax form: Repetitive Transcranial Magnetic Stimulation Request Form